

United States Department of the Interior

NATIONAL PARK SERVICE  
P.O. Box 37127  
Washington, D.C. 20013-7127

IN REPLY REFER TO:

NWCG(650)

MAY 20 1993

Memorandum

To: NWCG Members

From: Elmer Hurd, Chairman of NWCG

Subject: NWCG Wildland Fire Entrapment/Fatality Initial Report

The NWCG Wildland Fire Entrapment/Fatality Initial Report form has been revised to make it easier to use and to provide better information about entrapments and fatalities on fires.

Please distribute the form to your agency personnel. Instructions for its use are printed on the form itself. All information does not have to be submitted on the initial report form. It is not the intent to cause the disclosure of any confidential or sensitive information.

The form is intended to be submitted to the National Interagency Coordination Center in Boise, Idaho, within 24 hours of an incident. Please see that information gets to the appropriate personnel in fire operations and coordination centers. The pertinent facts related to fire safety will be distributed to the wildland fire community as quickly as possible.

There should be immediate benefits to field units in terms of awareness. It will also serve as a connection to people involved with fireline safety and programs.

Thank you for your assistance.

Attachment

**NWCG**  
**WILDLAND FIRE ENTRAPMENT/FATALITY**  
**INITIAL REPORT**

Timely reporting of entrapments or fatalities is necessary for the rapid dissemination of accurate information to the fire management community. It will also allow fire safety and equipment specialists to quickly respond to these events as appropriate. This initial report does not replace agency reporting or investigative responsibilities, policies or procedures. Complete this report for fire-related entrapment and/or fatalities. Immediately notify the National Interagency Coordination Center (NICC) attn: Intelligence Section. Submit this written report to the address given below within 24 hours. Submit even if some data are missing.

NICC-National Interagency Fire Center  
3905 Vista Avenue  
Boise, Idaho 83705

Phone - (208) 389-2400  
FAX - (208) 389-2414

NICC Intelligence Section  
DG-A.INT: W02A  
IAMS - FCNICCOR

**I. General Information**

- A. Fire name and location \_\_\_\_\_  
\_\_\_\_\_
- B. Number of personnel involved \_\_\_\_\_
- C. Number of injuries \_\_\_\_\_
- D. Number of fatalities \_\_\_\_\_

**II. Fire Related Information**

- A. Fuel Model \_\_\_\_\_
- B. Temperature \_\_\_\_\_ R.H. \_\_\_\_\_ Wind \_\_\_\_\_ (mph)
- C. Topography \_\_\_\_\_ Slope \_\_\_\_\_ %
- D. Fire size at time of incident/accident \_\_\_\_\_ Acres
- E. Urban/wildland intermix ☐ Yes ☐ No
- F. Cause of Fire ☐ Natural ☐ Incendiary ☐ Accidental ☐ Unknown

**III. Entrapment**

A situation where personnel are unexpectedly caught in a fire-behavior related, life threatening position where escape routes or safety zones are absent, inadequate or have been compromised. An entrapment may or may not include deployment of a fire shelter.

**A. Entrapment information**

- |  |  |   |
|--|--|---|
| 1. Firefighter trapped                                     | <input type="checkbox"/> with fire shelter | <input type="checkbox"/> without fire shelter |
| 2. Burns/smoke injuries incurred while in fire shelter     | <input type="checkbox"/> Yes               | <input type="checkbox"/> No                   |
| 3. Burns/smoke injuries incurred while escaping entrapment | <input type="checkbox"/> Yes               | <input type="checkbox"/> No                   |
| 4. Burns/smoke injuries incurred while fighting fire       | <input type="checkbox"/> Yes               | <input type="checkbox"/> No                   |
| 5. Fire shelter performed satisfactorily                   | <input type="checkbox"/> Yes               | <input type="checkbox"/> No                   |
| 6. Fire shelter was available, but not used                | <input type="checkbox"/> Yes               | <input type="checkbox"/> No                   |

B. Personal Protective Equipment Used

- |                         |                          |     |                          |    |                     |                          |     |                          |    |
|-------------------------|--------------------------|-----|--------------------------|----|---------------------|--------------------------|-----|--------------------------|----|
| 1. Fire Shelter         | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 5. Protective Shirt | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. Protective Pants     | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 6. Hardhat          | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. Gloves               | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 7. Boots            | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. Face/Neck Protection | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 8. Goggles          | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

IV. Fatalities

A. Type of Accident

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Aircraft                            | <input type="checkbox"/> 5. Vehicle    |
| <input type="checkbox"/> 2. Natural (lightning, drowning, etc.) | <input type="checkbox"/> 6. Smoke      |
| <input type="checkbox"/> 3. Medical (heart, stroke, heat, etc.) | <input type="checkbox"/> 7. Entrapment |
| <input type="checkbox"/> 4. Struck by Falling Object            | <input type="checkbox"/> 8. Other      |

B. Where fatality(s) occurred

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Fire site     | <input type="checkbox"/> 3. In transit |
| <input type="checkbox"/> 2. Incident Base | <input type="checkbox"/> 4. Other      |

C. Fatalities

- |   |  |
|---|--|
| 1. Name _____                                     | D.O.B. _____   |
| Employment Status <input type="checkbox"/> Career | <input type="checkbox"/> Seasonal <input type="checkbox"/> Casual <input type="checkbox"/> Other |
| 2. Name _____                                     | D.O.B. _____   |
| Employment Status <input type="checkbox"/> Career | <input type="checkbox"/> Seasonal <input type="checkbox"/> Casual <input type="checkbox"/> Other |
| 3. Name _____                                     | D.O.B. _____   |
| Employment Status <input type="checkbox"/> Career | <input type="checkbox"/> Seasonal <input type="checkbox"/> Casual <input type="checkbox"/> Other |
| 4. Name _____                                     | D.O.B. _____   |
| Employment Status <input type="checkbox"/> Career | <input type="checkbox"/> Seasonal <input type="checkbox"/> Casual <input type="checkbox"/> Other |

D. Employing agency \_\_\_\_\_

E. Unit Name and address \_\_\_\_\_

F. Firefighting part of employee's job description Yes ☐ No ☐

G. Person to contact for additional information \_\_\_\_\_ Phone \_\_\_\_\_

Home unit address \_\_\_\_\_

H. Brief description of accident \_\_\_\_\_

\_\_\_\_\_